U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1/53

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

· · · · · · · · · · · · · · · · · · ·	7/7/04 Through: 13/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ROBERT & BROOKS	Name LBT. LOCAL 734			
·	Labor Organization File Number 0/2-/69			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6643 N. NORTHWEST NWY	Street 6643 N. NORTHWEST HWY			
City CNICAGO JL	City CHICTEO			
State	State ZC ZIP Code + 4 60631			
5. Position in labor organization.  SECRETARY TENSORS				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organizasi	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.			
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the			

Date

Telephone Number

Name of Person Filling ROBERT 6. BROOKS		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling & leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name LOCAL 734 WELFARE FUND			
Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 64843 N. A) ORT 145ST HOY			
City			
ZIF COURT 4 OND J			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	en e	
Name LOCAL 734 WELFARF FUND	7 KUSGEE	OF TRUST FUND	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		Standard St Standard Standard	
Street 6643 N. NORTAWST MWY	11.b. Approximate dollar valu	e of such dealing.	
City CHICAGO	12.a. Nature of interest held	C. Marinista	
State	EDUCATIONS	CENTRENCE INTERNETION	
ŕ	FOUND STIEN (	CENTRENCE INTERNATIONA OF EMPLOYEE BENEFIT PLANS	
	Control Designation of the Assertation		
		AND THE STATE OF T	
	12.b. Amount.	325.21	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name	Berger (1997)		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Crde + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		